



THE ASSAM GAZETTE

অসাধাৰণ

EXTRAORDINARY

প্ৰাপ্ত কৰ্তৃত্ব দ্বাৰা প্ৰকাশিত

PUBLISHED BY THE AUTHORITY

নং ৯৪ দিশপুৰ, শুক্ৰবাৰ, ২৪ ফেব্ৰুৱাৰী, ২০২৫, ৯ ফাল্গুন, ১৯৪৬ (শক)

No. 98 Dispur, Friday, 28th February, 2025, 9th Phalguna, 1946 (S. E.)

GOVERNMENT OF ASSAM

ORDERS BY THE GOVERNOR

HEALTH AND FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 14th February, 2025

No. 537287/148.— In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969) the Governor of Assam is hereby pleased to amend the Assam Registration of Births and Deaths Rules, 1999, hereinafter referred to as the principal Rules, in the manner hereinafter appearing, namely: —

- | | |
|------------------------------|--|
| Short title and commencement | 1. (1) These rules may be called the Assam Registration of Births and Deaths (Amendment) Rules, 2025.
(2) They shall come into force on the date of their publication in the Official Gazette. |
| Amendment of rule 2 | 2. In the principal rules, in rule 2, after clause (c), the following shall be inserted, namely:—
“(d) ‘Registrar’ means the registering authority as mentioned under section 7 of the Act;
(e) ‘Register’ means the records of the legal information for making entries of birth, death and still birth as required under section 16 of the Act which shall be the valid legal document for all purposes;
(f) ‘Legal Information’ means the legal data of the new born or deceased and the information of their parents, address etc.;
(g) ‘Statistical Information’ means the information of the new born or deceased used for demographical purpose.” |
| Amendment of rule 5 | 3. In the principal Rules, in rule 5,
(i) in sub-rule (3), in clause (b), in the second line, in between the figures and punctuation mark “1” and “2”, the figure and alphabet “1A” shall be inserted; |

- (ii) after sub-rule (3), the following sub-rules shall be inserted, namely :—
 - “(4) Name, wherever it occurs, in the Forms under this rules shall be provided in the format of [first name] [middle name] [last name] and the name shall not contain any abbreviation.
 - (5) Date, wherever it occurs, in the Forms under this rules shall be provided in the format of dd-mm- yyyy, where dd is date in two digits, mm is month in two digits and yyyy is year in four digit.
 - (6) The address, wherever it occurs, in the Forms under this rules shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and Pin Code.”

Amendment of
rule 7

- 4. In the principal rules, in rule 7,-
 - (a) for the marginal heading, the following shall be substituted, namely:—
“Form of Certificate under sub-sections (2) and (3) of section 10”;
 - (b) in the first line, for the words, figures and brackets “required under sub-section (3)” appearing in between the words and figures “cause of death” and “of section 10” the words “including the history of illness, if any as required under sub-section (2) and (3)” shall be inserted;
 - (c) in the second line, for the words, figures and letter “**Form No.4** or **4A**”, the words, figures and letter and “**Form No. 4** and **4A** respectively” shall be substituted.

Amendment of
rule 8

- 5. In the principal rules, in rule 8,—
 - (a) for the marginal heading, the following shall be substituted, namely:-
“Certificate of Registration of births or deaths to be given under section 12.”
 - (b) in sub-rule (1), —
 - (i) in the first line, for the words “extracts of particulars”, the words “certificate of birth or death extracted” shall be substituted;
 - (ii) in the second line, in between the words “given to an informant”, and “under section” the words “,electronically or otherwise,” shall be inserted;
 - (c) for sub-rule (2), the following shall be substituted, namely:—
“(2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clauses (a), (aa), (ab) and (ac) of sub-section (1) of section 8 which are reported directly to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth or death from the Registrar within thirty days of its reporting.”;
 - (d) in sub-rule (3), —
 - (i) in the fourth line, for the words “the extracts” appearing in between the words “shall transmit” and “received”, the words “the certificates, electronically or otherwise,” shall be substituted;

- (ii) in the seventh line, in between the words “in the house” and “within thirty”, the words “or, in his absence, the oldest adult person present,” shall be inserted;
- (e) in sub-rule (4), —
- (i) in the first line, for the words, brackets and letters “referred to in clauses (b) to (e)”, appearing in between the words “deaths” and “of sub-section”, the words, brackets and letters “as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc)” shall be substituted;
- (ii) in the third line, for the word “collect the extract” appearing in between the words “may” and “from” the words “obtain electronically or otherwise the certificates” shall be substituted;
- (f) in sub-rule (5), in the first line, for the word “extract” appearing in between the words “If the” and “of birth” the word “certificate” shall be substituted.
- Amendment of rule 9 6. In the principal rule, in rule 9,-
- (a) in sub-rule (1), in the fourth line, at the end, for the words “Rupees two”, the words “twenty rupees” shall be substituted;
- (b) for sub-rules (2) and (3), the following shall be substituted, namely:—
- “(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or the officer prescribed in this behalf and on payment of a late fee of fifty rupees and on production of self-attested document, electronically or otherwise, in **Form No. 14.**
- (3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorized by the District Magistrate having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of one hundred rupees.”.
- Amendment of rule 12 7. In the principal Rules, for rule 12, the following shall be substituted, namely:—
12. The Legal Information (part) regarding the report of birth, death and still birth submitted by the Applicant in Form No. 1, 1A ,2, and 3 shall be maintained in Form No. 7, 8 and 9 by the concerned Authority respectively.”
- Amendment of rule 13 8. In the principal rule, in rule 13,-
- (a) in sub-rule (1),-
- (i) in the first line, for the words “an extract” appearing in between the words “made an” and “or a” the words “a certificate of birth or death” shall be substituted;
- (ii) in the second line, in between the words and figures “section 17” and “shall be as follows”, the words and punctuation mark “electronically or otherwise,” shall be inserted;
- (iii) for the word “Rs.” appearing in clauses (a), (b), (c) and (d) the word “Rupees” shall be substituted;

- (iv) in clauses (a), (b) and (d) for the figures “2.00”, the figures “20.00” shall be substituted respectively;
 - (v) in clause (c), —
 - (a) for the word “extract”, the word “certificate” shall be substituted;
 - (b) for the figures “5.00”, the figures “50.00” shall be substituted;
 - (b) in sub-rule (2), in the first line, in between the words “Any such and by the registrar”, the words and figures “certificate on the basis of extract from the register relating to birth or death shall be issued under section 17,” shall be inserted;
 - (c) in sub-rule (4), in the first line, for the word “extracts”, appearing in between the words “Any such” and “ or non-availability” the word “certificate” shall be substituted.
- Amendment of rule 16 9. In the principal rules, in rule 16, for sub-rule (2), the following shall be substituted, namely:—
 “(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3) and one thousand rupees in respect of each birth or death for offences under sub-sections (1A) and (4A) of section 23, as the said officer may think fit.”.
- Insertion of rule 16A 10. In the principal rules, after rule 16, the following rule shall be inserted, namely:—
 “16A. Appeal. — An appeal under sub-section (1) of section 25A shall be preferred in **Form No. 15.**”.
- Amendment of rule 17 11. In the principal rules, in rule 17,-
 (a) for sub-rule (2), the following shall be substituted, namely:-
 “(2) The permission granted under sub-section (2) of section 13 and the orders issued under sub- section (3) of section 13 for delayed registration received by the Registrar shall form an integral part of the Birth and Death Register and Still Birth Register and which shall not be destroyed .”;
 (b) in sub-rule (3), in the first line, for the words, brackets and figures, “sub-section (3)” appearing in between the words “under” and “of section”, the words, brackets and figures “sub-sections (2) and (3)” shall be substituted.
- Amendment of Forms 12. In the principal rules, for **Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13**, the following Forms shall be substituted, namely:—

PATIBANDLA ASHOK BABU,

Commissioner & Secretary to the Government of Assam,
 Health and Family Welfare Department,
 Dispur, Guwahati-06.

FORM NO.1
(See rule 5)
BIRTH REPORT
Legal information
[SEE REVERSE FOR
INSTRUCTIONS]
This part to be added to the Birth Register

FORM NO.1
(See rule 5)
BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

To be filled by the informant	To be filled by the informant
<p>1. Date of Birth : <input type="text" value="DD"/> <input type="text" value="DD"/> - <input type="text" value="MM"/> <input type="text" value="MM"/> - <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></p> <p>2. Sex (Enter "Male" or "Female" or "Transgender person") :</p> <p>3. Child's Details (If not named, leave blank) :-</p> <p>(a) Name, if any : <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/></p> <p>(b) Aadhaar No, if available: <input type="text" value="Aadhaar No"/></p> <p>4. Father's Details:-</p> <p>(a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/></p> <p>(b) Aadhaar No., if available: <input type="text" value="Aadhaar No"/></p> <p>(c) Mobile No: <input type="text" value="Mobile No"/> Email Id: <input type="text" value="Email Id"/></p> <p>(d) Mother's Details:-</p> <p>(a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/></p> <p>(b) Aadhaar No., if available: <input type="text" value="Aadhaar No"/></p> <p>(c) Mobile No: <input type="text" value="Mobile No"/> Email Id: <input type="text" value="Email Id"/></p> <p>5. Address of parents at the time of Birth of the Child: House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> (d) Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/></p> <p>6. Permanent address of parents: House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/></p> <p>7. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :</p> <p>8. 1. Hospital / Institution Name : <input type="text"/> 2. House 3. Other place Address : <input type="text"/> House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/></p> <p>9. Informant's Details:</p> <p>(a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/></p> <p>(b) Aadhaar No., if available: <input type="text" value="Aadhaar No"/></p> <p>(c) Mobile No: <input type="text" value="Mobile No"/> Email Id: <input type="text" value="Email Id"/></p> <p>(d) Address : House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> (e) Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/></p> <p>DECLARATION: <input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.</p> <p><i>(After completing all columns 1 to 22, informant will put date and signature)</i></p>	<p>10. Town or Village of Residence of the mother (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name): Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/></p> <p>11. For Religion [Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"] (a) <input type="text"/> (b) Religion of Father: <input type="text"/> Religion of Mother: <input type="text"/></p> <p>12. Father's level of education: <input type="text"/> 13. Mother's level of education: <input type="text"/></p> <p>14. Father's Occupation: <input type="text"/> 15. Mother's Occupation: <input type="text"/></p> <p>16. Age of the mother (in completed years) at the time of marriage (If married more than once, age at first marriage is to be written): <input type="text"/></p> <p>17. Age of the mother (in completed years) at the time of this birth : <input type="text"/></p> <p>18. Number of children born alive to the mother so far including this child (Number of children born alive to include also those from earlier marriage(s), if any) : <input type="text"/></p> <p>19. Type of attention at delivery (Tick the appropriate entry below): 1. Institutional-Government 2. Institutional - Private or Non Government 3. Doctor, Nurse or Trained Midwife 4. Traditional Birth Attendant 5. Relatives or others</p> <p>20. Method of Delivery (Tick the appropriate entry below): 1. Natural 2. Caesarean 3. Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) (if available) : <input type="text"/> Duration of pregnancy (in weeks) : <input type="text"/></p> <p>(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)</p>
<p>Date: <input type="text" value="DD"/> <input type="text" value="DD"/> - <input type="text" value="MM"/> <input type="text" value="MM"/> - <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/></p> <p style="text-align: center;">Signature or left thumb mark of the informant</p>	<p>(Columns to be filled are over. Now put signature at left)</p>

FORM NO.1 (See rule 5) BIRTH REPORT Legal information <i>[SEE REVERSE FOR INSTRUCTIONS]</i>	FORM NO.1 (See rule 5) BIRTH REPORT Statistical information <i>[SEE REVERSE FOR INSTRUCTIONS]</i>																														
<p>Registration No. : _____</p> <p>Registration Date: <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>Registration Unit : _____</p> <p>Town / Village: _____</p> <p>Sub-District: _____</p> <p>District: _____</p> <p>Remarks (if any): _____</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	D	D	-	M	M	-	Y	Y	Y	Y	<p>Registration No. : _____</p> <p>Registration Date: <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>Date of Birth : <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>Sex : Male / Female / Transgender person</p> <p>Place of Birth: 1. Hospital/Institution 2. House 3. Other place</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	D	D	-	M	M	-	Y	Y	Y	Y	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y																						
D	D	-	M	M	-	Y	Y	Y	Y																						
D	D	-	M	M	-	Y	Y	Y	Y																						

Instructions for completing the Form 1: BIRTH REPORT

Item No.	Instructions																													
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																													
2	Enter “Male” or “Female” or “Transgender Person”. Do not use abbreviation.																													
3,4,5,9	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).																													
6,7,8,9	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																													
8	Tick the appropriate entry for place of birth 1. Hospital / Institution 2. House 3. Other place Give the name and address of the “Hospital / Institution” or the address of the “House” or ‘Other place” where the birth took place.																													
10	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																													
12,13	Level of Education – Write one of following— <table><tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr><tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr><tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr><tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr><tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma Certificate</td><td>20. Doctorate & above</td><td></td></tr></table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)					1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above	
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14, 15	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker																													

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

Date: <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>D</td><td>D</td><td>-</td><td>M</td><td>M</td><td>-</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Signature or left thumb mark of the informant	D	D	-	M	M	-	Y	Y	Y	Y	(Columns to be filled are over. Now put signature at left)																												
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To be filled by the Registrar	To be filled by the Registrar																																						
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D	D	-	M	M	-	Y	Y	Y	Y																														
Name	Code No.																																						
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D	D	-	M	M	-	Y	Y	Y	Y																														
D	D	-	M	M	-	Y	Y	Y	Y																														

Instructions for completing the Form 1-A: BIRTH REPORT FOR ADOPTED CHILD

Item No.	Instructions																													
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																													
2	Enter “Male” or “Female” or “Transgender Person”. Do not use abbreviation.																													
3,4,5,7,8,13	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.																													
9,10,11,12,13	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																													
15,16	<div>Level of Education – Write one of following—</div> <table><tr><td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor Undergraduate</td><td>21. Literate without formal education</td></tr><tr><td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr><tr><td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr><tr><td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr><tr><td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma Certificate</td><td>20. Doctorate & above</td><td></td></tr></table> <div>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</div>					1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above	
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17,18	<div>Occupation - Write one of following—</div> <div><div>1. Cultivator</div><div>2. Agriculture Labourer</div><div>3. Daily Wages Earner(Other than Agriculture Labourer)</div><div>4. Single/Family Worker/Self Employed</div><div>5. Employer</div><div>6. Government Employee</div><div>7. Private Employee(Other than Domestic Helper)</div><div>8. Domestic Helper</div><div>9. Non-Worker</div></div>																													

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths (Amendment) Act, 2023.

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

To be filled by the informant

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.
(After completing all columns 1 to 21,
informant will put date and signature)

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Date: DD-MM-YYYY </div> Signature or left thumb mark of the informant	<i>(Columns to be filled are over. Now put signature at left)</i>								
<i>To be filled by the Registrar</i>	<i>To be filled by the Registrar</i>								
Registration No. : Registration Date: D D - M M - Y Y Y Y Registration Unit : Town / Village: Sub-District: District: Remarks (if any): Cause of Death (as per Form 4 / 4A):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Code No.</th> </tr> <tr> <td>District</td> <td></td> </tr> <tr> <td>Sub-District</td> <td></td> </tr> <tr> <td>Town/Village :</td> <td></td> </tr> </table> Registration Unit : Registration No. : Registration Date: D D - M M - Y Y Y Y Date of Death : D D - M M - Y Y Y Y Sex : Male / Female / Transgender person Age of deceased: Place of death : 1. Hospital/Institution 2. House 3. Other place	Name	Code No.	District		Sub-District		Town/Village :	
Name	Code No.								
District									
Sub-District									
Town/Village :									
Name and Signature of the Registrar	Name and Signature of the Registrar								

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

FORM NO.3

(See rule 5)

STILL BIRTH REPORT

Legal information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth :**

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

2. **Sex** (Enter "Male" or "Female" or "Transgender person") :

3. **Father's Details:-**

(a) **Name:**

First Name	Middle Name	Last Name
------------	-------------	-----------

(b) **Aadhaar No., if available:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(c) **Mobile No:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(d) **Email Id:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. **Mother's Details:-**

(a) **Name:**

First Name	Middle Name	Last Name
------------	-------------	-----------

(b) **Aadhaar No., if available:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(c) **Mobile No:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(d) **Email Id:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. **Place of birth** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :

1. Hospital / Institution **Name :** _____

2. House 3. Other place **Address :** House No. _____ Locality: _____

Ward number (in case of town and if available): _____ Town or Village: _____

Sub-district: _____ District: _____

State or Union Territory: _____ PIN Code:

--	--	--	--	--	--	--	--	--	--

6. **Informant's Details:**

(a) **Name:**

First Name	Middle Name	Last Name
------------	-------------	-----------

(b) **Aadhaar No., if available:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(c) **Mobile No:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(d) **Email Id:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(e) **Address :** House No: _____ Locality: _____ Ward number (in case of town and if available): _____

Town or Village: _____ Sub-district: _____ District: _____

State or Union Territory: _____ PIN Code:

--	--	--	--	--	--	--	--	--	--

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 12, informant will put date and signature)

Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Signature or left thumb mark of the informant

FORM NO.3

(See rule 5)

STILL BIRTH REPORT

Statistical information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

To be filled by the informant

7. **Town or village of Residence of the deceased** (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):

Town or Village: _____ Sub-district: _____

District: _____ State or Union Territory: _____

PIN Code:

--	--	--	--	--	--	--	--	--	--

8. **Age of the mother (in completed years) at the time of this birth :**

9. **Mother's level of education:**

10. **Type of attention at delivery** (Tick the appropriate entry below):

1. Institutional-Government
2. Institutional – Private or Non-Government
3. Doctor, Nurse or Trained Midwife
4. Traditional Birth Attendant
5. Relatives or others

11. **Duration of pregnancy** (in weeks) :

12. **Cause of foetal death** (if known):

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

Registration No. : _____

Registration Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Registration Unit : _____

Town / Village: _____

Sub-District: _____

District: _____

Remarks (If any): _____

Name and Signature of the Registrar

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit : _____

Registration No. : _____

Registration Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Date of Birth :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Sex : Male / Female / Transgender person

Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,6	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.																									
5,6	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
5	For Place of birth tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place.																									
7	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
9	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16. Bachelor / Undergraduate</td><td>21. Literate without formal education</td></tr> <tr> <td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4.Class 3</td><td>9.Class 8</td><td>14. ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5.Class 4</td><td>10.Class 9</td><td>15. Diploma Certificate</td><td>20. Doctorate & above</td><td></td></tr> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14. ITI	19. M.Phil		5.Class 4	10.Class 9	15. Diploma Certificate	20. Doctorate & above	
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4.Class 3	9.Class 8	14. ITI	19. M.Phil																							
5.Class 4	10.Class 9	15. Diploma Certificate	20. Doctorate & above																							
12.	Cause of foetal death – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Bleeding (Haemorrhage)</td><td>7. Diabetes in the mother</td><td>13. Infection in the mother Parvovirus B19</td></tr> <tr> <td>2. Problems with Placental</td><td>8. Infection in the mother Coxsackie virus</td><td>14. Infection in the mother Q fever</td></tr> <tr> <td>3. Problem with umbilical cord</td><td>9. Infection in the mother Herpes simplex</td><td>15. Infection in the mother Rubella (German measles)</td></tr> <tr> <td>4. Pre-eclampsia</td><td>10. Infection in the mother Leptospirosis</td><td>16. Infection in the mother Flu</td></tr> <tr> <td>5. Genetic physical defect in the baby</td><td>11. Infection in the mother Lyme disease</td><td>17. Infection in the mother Toxoplasmosis</td></tr> <tr> <td>6. Liver disorder in the mother (obstetric cholestasis)</td><td>12. Infection in the mother Malaria</td><td>18. Not stated</td></tr> </table>	1. Bleeding (Haemorrhage)	7. Diabetes in the mother	13. Infection in the mother Parvovirus B19	2. Problems with Placental	8. Infection in the mother Coxsackie virus	14. Infection in the mother Q fever	3. Problem with umbilical cord	9. Infection in the mother Herpes simplex	15. Infection in the mother Rubella (German measles)	4. Pre-eclampsia	10. Infection in the mother Leptospirosis	16. Infection in the mother Flu	5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis	6. Liver disorder in the mother (obstetric cholestasis)	12. Infection in the mother Malaria	18. Not stated							
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Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

FORM NO. 4

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.

on

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 at.....A.M. / P.M.
AM
/PM

NAME OF DECEASED:					For use of Statistical Office
		First Name	Middle Name	Last Name	
Sex	Age at Death				
	If 1 year or more. age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender person					
CAUSE OF DEATH					
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.		(a) due to (or as a consequences of)		Interval between onset and death approx.	
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last		(b) due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)			

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : Anaemia – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as ‘Natural’. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as ‘Pending investigation’.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths (Amendment) Act, 2023, a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

FORM NO. 4A

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths (Amendment) Act, 2023 to give information concerning the death to Registrar along with Form No. 2 (Death Report))

I hereby certify that the deceased Shri/Smt./Km.....Son /Wife/ Daughter ofresident of was under my treatment from to and he/she died

on

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 at A.M. / P.M.

NAME OF DECEASED:					For use of Statistical Office
<div style="display: flex; justify-content: space-between;"> First Name Middle Name Last Name </div>					
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male					
2. Female					
3. Transgender Person					
<div style="text-align: center;">CAUSE OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>I</p> <p>Immediate cause</p> <p>State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.</p> <p>Antecedent cause</p> <p>Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last</p> <p>II</p> <p>Other significant conditions contributing to the death but not related to the disease or condition causing it</p> </div> <div style="width: 35%;"> <p>(a) due to (or as a consequences of)</p> <p>(b) due to (or as a consequences of)</p> <p>(c)</p> </div> <div style="width: 5%;"> <p>Interval between onset and death approx.</p> </div> </div>					

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
 If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically. *Tuberculosis* – Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths (Amendment) Act, 2023, a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.

ক্রমিক
S.No.1

প্রপত্র 5
FORM No. 5
[see rule 8 and 13(2)]

অসম চৰকাৰ
GOVERNMENT OF ASSAM
স্বাস্থ্য আৰু পৰিয়াল কল্যাণ বিভাগ
DEPARTMENT OF HEALTH AND FAMILY WELFARE
OFFICE OF THE CHIEF REGISTRAR OF BIRTHS AND DEATHS
GUWAHATI

জন্মৰ প্ৰমাণ পত্ৰ
BIRTH CERTIFICATE

(জন্ম আৰু মৃত্যুৰ পঞ্জীয়ন আইন, 1969 ৰ ধাৰা 12/17 আৰু জন্ম আৰু মৃত্যুৰ পঞ্জীয়ন নিয়ম 8/134 অধীনত জাৰি কৰা হৈছে)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE ASSAM REGISTRATION OF BIRTHS & DEATHS RULES 1999)

ইয়াৰদ্বাৰা প্ৰমাণ কৰা হয় যে তলত দিয়া তথ্যসমূহ জন্মৰ মূল ৰেকৰ্ডৰ পৰা লোৱা হৈছে যিটো হৈছে অসম, ভাৰতৰ ৰাজ্য/কেন্দ্ৰীয় শাসিত অঞ্চল ভূখণ্ডৰ

ৰ পঞ্জীয়ন

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR OFFICE OF THE CHIEF REGISTRAR OF BIRTHS AND DEATHS

নাম/NAME:

লিংগ /SEX:

আধাৰ নম্বৰ/AADHAAR NUMBER

জন্মৰ তাৰিখ/ DATE OF BIRTH

জন্মৰ স্থান / PLACE OF BIRTH:

মাতৃৰ নাম NAME OF MOTHER:

পিতৃৰ নাম/ NAME OF FATHER:

মাতৃৰ আধাৰ নম্বৰ/ AADHAAR NUMBER OF MOTHER:

পিতৃৰ আধাৰ নম্বৰ/ AADHAAR NUMBER OF FATHER

শিশুৰ জন্মৰ সময়ত পিতৃ-মাতৃৰ ঠিকনা / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD

পিতৃ-মাতৃৰ স্থায়ী ঠিকনা/ PERMANENT ADDRESS OF PARENTS:

পঞ্জীয়ন নম্বৰ/ REGISTRATION NUMBER:

পঞ্জীয়নৰ তাৰিখ / DATE OF REGISTRATION

মন্তব্য (যদি আছে)/ REMARKS (IF ANY):

জাৰি কৰা তাৰিখ/DATE OF ISSUE

জাৰি কৰা কৰ্তৃপক্ষৰ স্বাক্ষৰ/SIGNATURE OF ISSUING AUTHORITY

"প্ৰত্যেকৰ জন্ম আৰু মৃত্যুৰ পঞ্জীয়ন নিশ্চিত কৰক / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH

ক্রমিক নং-2
S.No.2

প্রপত্র 6
FORM No. 6
[see rule 8 and 13(2)]

অসম চৰকাৰ
GOVERNMENT OF ASSAM
স্বাস্থ্য আৰু পৰিয়াল কল্যাণ বিভাগ
DEPARTMENT OF HEALTH AND FAMILY WELFARE
OFFICE OF THE CHIEF REGISTRAR OF BIRTHS AND DEATHS
GUWAHATI

মৃত্যুৰ প্ৰমাণ পত্ৰ
DEATH CERTIFICATE

INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 যে এই প্ৰমাণপত্ৰখনক বৈধ আইনী নথি হিচাপে সকলো চৰকাৰী উদ্দেশ্যৰ বাবে অনুমোদন জনাইছে

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE ASSAM REGISTRATION OF BIRTHS AND DEATHS RULES 1999)

ইয়াৰদ্বাৰা প্ৰমাণ কৰা হয় যে তলত দিয়া তথ্যসমূহ মৃত্যুৰ মূল নথিৰ নিৰ্দ্ধাৰিত পঞ্জীয়নৰ পৰা লোৱা হৈছে তহচিল/ব্লক _____
_____ৰ পঞ্জীয়ন

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER _____

মৃতকৰ নাম/ NAME OF DECEASED:

লিংগ /SEX:

আধাৰ নম্বৰ/AADHAAR NUMBER

মৃতকৰ বয়স/ AGE OF DECEASED:

মৃত্যুৰ তাৰিখ/ DATE OF DEATH

মৃত্যুৰ স্থান / PLACE OF BIRTH:

TWENTY-THIRD-OCTOBER-TWO THOUSAND TWENTY FOUR

পতি/পত্নীৰ নাম/NAME OF HUSBAND/WIFE:

স্বামী/পত্নীৰ আধাৰ নম্বৰ/AADHAAR NUMBER OF HUSBAND/WIFE

মাতৃৰ নাম NAME OF MOTHER:

মাতৃৰ আধাৰ নম্বৰ/ AADHAAR NUMBER OF MOTHER

পিতৃৰ নাম/NAME OF FATHER

পিতৃৰ আধাৰ নম্বৰ/ AADHAAR NUMBER OF FATHER

মৃত্যুৰ সময়ত মৃতকৰ ঠিকনা / ADDRESS OF DECEASED AT THE TIME OF DEATH

মৃতকৰ স্থায়ী ঠিকনা/ PERMANENT ADDRESS OF DECEASED:

পঞ্জীয়ন নম্বৰ/ REGISTRATION NUMBER:

পঞ্জীয়নৰ তাৰিখ / DATE OF REGISTRATION

মন্তব্য (যদি আছে)/ REMARKS (IF ANY):

জাৰি কৰা তাৰিখ/DATE OF ISSUE

জাৰি কৰা কৰ্তৃপক্ষৰ স্বাক্ষৰ/SIGNATURE OF ISSUING AUTHORITY

“জন্ম আৰু মৃত্যুৰ পঞ্জীয়ন নিশ্চিত কৰক / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH”

(See rule 12)

This part to be added to the Birth Register

To be filled by the informant

[illegible]

DECLARATION:

☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 23, informant will put date and signature)

Date:

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Signature or

left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date:

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar

FORM NO.7
FORM NO.8
(See rule 12)
DEATH REGISTER
Legal Information

This part to be added to the Death Register

To be filled by the informant																																																																										
1.	Date of Death : <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y																																																															
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3.	Sex (Enter "Male" or "Female" or "Transgender person") : Mother's Details:- (a) Name: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 150px; text-align: center;">First Name</td> <td style="border: 1px solid black; width: 150px; text-align: center;">Middle Name</td> <td style="border: 1px solid black; width: 150px; text-align: center;">Last Name</td> </tr> </table> (b) Aadhaar No. if available: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table> (c) Mobile No: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table> (d) Email Id: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table>	First Name	Middle Name	Last Name																																																																						
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9.	Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place): 1. Hospital / Institution Name : <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 150px; text-align: center;"> </td> <td style="border: 1px solid black; width: 150px; text-align: center;"> </td> <td style="border: 1px solid black; width: 150px; text-align: center;"> </td> </tr> </table> 2. House 3. Other place Address : House No: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table> Locality: Ward number (in case of town and if available): <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table> Town or Village: Sub-district: District: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table> State or Union Territory: PIN Code: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table>																																																																									
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First Name	Middle Name	Last Name																																																																								
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FORM NO.9
(See rule 12)
STILL BIRTH REGISTER
Legal information

This part to be added to the Birth Register

<i>To be filled by the informant</i>													
1.	Date of Birth :	D	D	-	M	M	-	Y	Y	Y	Y		
2.	Sex (Enter "Male" or "Female" or "Transgender person") :												
3.	Father's Details:-												
(a)	Name:	First Name				Middle Name				Last Name			
(b)	Aadhaar No., if available:												
(c)	Mobile No:												
(d)	Email Id:												
4.	Mother's Details:-												
(a)	Name:	First Name				Middle Name				Last Name			
(b)	Aadhaar No., if available:												
(c)	Mobile No:												
(d)	Email Id:												
5.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) : 1. Hospital / Institution Name : _____ 2. House 3. Other place Address : House No. _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: _____												
6.	Informant's Details:												
(a)	Name:	First Name				Middle Name				Last Name			
(b)	Aadhaar No., if available:												
(c)	Mobile No:												
(d)	Email Id:												
(e)	Address : House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: _____												
DECLARATION: <input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths (Amendment) Act, 2023 for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. <i>(After completing all columns 1 to 12, informant will put date and signature)</i>													
Date:		D	D	-	M	M	-	Y	Y	Y	Y		
left thumb mark of the informant											Signature or		
<i>To be filled by the Registrar</i>													
Registration No. : _____ Registration Date: _____ Registration Unit : _____ Town / Village: _____ Sub-District: _____ District: _____ Remarks (if any): _____ <div style="text-align: right;">Name and Signature of the Registrar</div>													

FORM No.10*(See rule 13)***NON-AVAILABILITY CERTIFICATE***(Issued under Section 17 of the Registration of Births & Deaths (Amendment) Act, 2023)*

This is to certify that a search has been made on the request of
 Shri/Smt./Kum..... son/wife/daughter of
 in the registration records for the year(s)
 relating to *(Local area)*..... of *(Sub-*
District) of *(District)* of *(State)*
 and found that the event relating to the birth/death of
 son/daughter of was not registered.

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Signature of issuing authority

Seal

Form No. 11

[See rule 14]

Summary Monthly Report of Births

1. Report for the month of..... Year.....

2. District:

3. Town/Village:

4. Registration Unit:

5. Number of Births Registered:

(a) Within one year of this occurrence:

(b) After one year of the occurrence:

Total* (a + b):

*Total should be equal to the number of Birth Report Forms (Form No. 1) attached with this monthly report.

Dated:

Signature and Name of the Registrar

Submitted to the Chief Registrar/District Registrar

Form No. 12

[See rule 14]

Summary Monthly Report of Deaths

1. Report for the month of..... Year.....

2. District:

3. Town/Village:

4. Registration Unit:

5. Details of death registered during the month:

Deaths			Infant Deaths	Maternal Deaths
Registered within one year of occurrence	Registered after one year of occurrence	Total		
1	2	3	4	5

Note. - Infant and maternal death should be included in the report.
Total should be equal to the number of statistical part of Death Reporting Form (Form No. 2) attached with this monthly report.

Dated:

Signature and Name of the Registrar

Submitted to the Chief Registrar/District Registrar.

Form No. 13

[See rule 14]

Summary Monthly Report of Still Births

1. Report for the month of.....

Year.....

2. District:

3. Town/Village:

4. Registration Unit:

5. Number of Still Births Registered:

* Number of still births registered should be equal to the number of Still Birth Forms (Form No. 3) attached with this monthly report.

Date:

Signature and Name of the Registrar

Submitted to the Chief Registrar/District Registrar.

Form No. 14

(See rule 9)

Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths (Amendment), Act 2023**DECLARATION**

I.....,son/daughter/wife ofresident of do hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of____(name of child / deceased)_____son/daughter/spouse of;
2. He / she was born / died on ____ (date of birth / death)_____ at (place of birth / death).....;
3. He / she was attended at birth /death by _____ who resides at_____;
4. The reason(s) for the delay in reporting of his / her birth /death are _____;

5. His / her birth / death certificate is required for the purpose of _____;

DECLARATION:

☐ I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.

Name and Signature or
left thumb mark of the informant

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Notes:

1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.

2. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.

3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

Form No. 15

(See rule 16 A)

FORM FOR APPEAL(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths (Amendment), Act 2023)**1. Aggrieved by an action or order of:** Registrar / District Registrar (details of office to be provided as below)

State	District	Sub-District	Village/Town	Locality	RU ID	Name of Registrar / Distt. Registrar

2. Account of Event Leading to appeal with date and order no. etc.

(Provide a detailed account of the occurrence, use attachments, if necessary)

--

DECLARATION:☐ I have furnished true information to the best of my knowledge and belief.**(Signature of the appellant)**

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Appellant details:

Name	Address	Aadhaar no.	Email Id	Mobile No.

Notes:

1. Please retain a copy of this form for your own records.
2. Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
3. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits e.g 01-01-2023. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
4. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory.
5. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.